

PRIOR AUTHORIZATION APPROVAL LETTER

Date: April 25, 2024

Case ID: PA-2024-006

AUTHORIZATION APPROVED - CPAP DEVICE REPLACEMENT

Dear Amy Diane Kelly, NP,

This letter is to inform you that the prior authorization request has been APPROVED for CPAP device replacement.

PATIENT INFORMATION

Name: Rebecca Hardin

Member ID: P-2024-006

Date of Birth: 08/25/1976

Insurance: Ambetter / Absolute Total Care

REQUESTED PROCEDURE

Procedure: CPAP Device Replacement

HCPCS Code: E0601

Diagnosis: Obstructive Sleep Apnea

ICD-10 Code: G47.33

Requested Amount: \$2,500.00

CLINICAL REVIEW PANEL DECISION

A panel of four clinical reviewers evaluated this case:

1. Pulmonologist: APPROVE - Clear OSA diagnosis, compliant patient
2. Medical Director: APPROVE - Device replacement medically necessary
3. Clinical Specialist: APPROVE - Excellent compliance, clear OSA
4. Quality Assurance: APPROVE - Meets all DME replacement criteria

Panel Consensus: 4 of 4 reviewers recommend APPROVAL

REASON FOR APPROVAL

The following clinical factors support approval:

- Documented OSA with AHI 8.9/hr on polysomnography
- Patient demonstrates excellent CPAP compliance
- Current device is 5+ years old requiring replacement
- Meets Medicare LCD guidelines for DME replacement